Α	A B C D	E	F	G	Н	l J	K	L	М	N O	Р	Q	R	S	T	U V		Х	
	Unified Rate Review v2.0.4																		
Company Legal Name: Kentucky Health Cooperative, State: KY																			
	Company Legal Name:	•	alth Cooperative		KY														
1	HIOS Issuer ID:	77894		Market:	Small Group														
1	Effective Date of Rate Change(s)	: 1/1/2016																	
_																			
-	Market Level Calculations (Same for all I	Dlane)																	
	Warket Level Calculations (Same for all I	iulis																	
1																			
1	Section I: Experience period data	. /. /22.		10/01/0011															
1	Experience Period:	1/1/2014	to	12/31/2014															
			Experience Period Aggregate Amount		% of Prem														
	Premiums (net of MLR Rebate) in Experi	ence Period:	\$641,671		100.00%														
1	Incurred Claims in Experience Period		\$361,361		56.32%														
]	Allowed Claims:		\$536,414		83.60%														
	Index Rate of Experience Period Experience Period Member Months		1,945	\$276.00															
1	Experience renou Member Months		1,545																
Ī	Section II: Allowed Claims, PMPM basis																		
			Experience	e Period			tion Period:		to	12/31/2016	M M	d-point to Mid	-point, Experier	ice to Projection:	24	months	_		
			an Astrol France			Adj't. from to Projecti			zed Trend	Duninations I		A di							
2		Utilization	on Actual Exper	Average		Pop'l risk	on renou	Fac	tors	Utilization per	before credibility  Average	Adjustment	Utilization	Credibility Manu	11				
	Benefit Category	Description	1,000	Cost/Service	PMPM	Morbidity	Other	Cost	Util	1,000	Cost/Service	PMPM	per 1,000	Cost/Service	PMPM				
	Inpatient Hospital	Days	190.24	\$3,437.66	\$54.50	1.000	1.000	1.000	1.000	190.24	\$3,437.66	\$54.50	289.26	\$3,844.35	\$92.67				
	Outpatient Hospital	Services	1,497.93		105.87	1.000	1.000	1.000	1.000	1,497.93		105.87	2224.74	971.06	180.03				
4	Professional Other Medical	Visits Other	8,029.70 192.87	84.93 246.80	56.83 3.97	1.000 1.000	1.000 1.000	1.000 1.000	1.000 1.000	8,029.70 192.87		56.83 3.97	12267.29 294.66	94.53 274.70	96.63 6.75				
:	Capitation	Benefit Period	1.00		0.00	1.000	1.000	1.000	1.000	1.00		0.00	1.00	0.00	0.00				
i ; ;	Prescription Drug	Prescriptions	5,230.98	125.31	54.62	1.000	1.000	1.000	1.000	5,230.98		54.62	7705.15	144.66	92.88				
1	Total				\$275.79							\$275.79			\$468.96				
1																After Credibilit	. <u></u>	d Period Totals	
4	Section III: Projected Experience:			ļ	Projected Allowed	Experience Clair Paid to Allow						0.00%			100.00%	\$468.9 0.69		\$1,321,527	
4						Projected Inc			•							\$325.4		\$917,139	
1						Projected Ris			cm & NISK /	(a) ()   (VII   VI						-0.1		(423)	
1									einsurance re	ecoveries, net of rein	prem, PMPM					\$325.6		\$917,562	
						Projected AC	A reinsuranc	e recoveries	, net of rein p	rem, PMPM						<u>-2.2</u>		( <u>6,341</u> )	
4					Projected Incurred	Claims										\$327.8	5	\$923,903	
					Administrative Exp	ense Load									13.53%	52.2		147,341	
1					Profit & Risk Load										0.00%	0.0		0	
					Taxes & Fees	occ Dromi *	a Data Dis	10.4							1.63%	6.3 \$386.4	=	17,751	
					Single Risk Pool Gr Index Rate for Pro		g. Kate, PIVII	IVI								\$386.4 \$481.9		\$1,088,994	
				'		% increase or	er Experien	ce Period								17.14			
						% Increase, a	nnualized:									8.23	%		
				I	Projected Membe	r Months												2,818	
1																			
	Information Not Palescable to the Di	phlic Unlace Author	ized by Lawe This inf	formation has no	t heen nublically d	isclosed and ma	v ha privilac	ed and confi	dential It is	for internal governm	ent use only and	nuct not be							
	Information Not Releasable to the Pu		ed to persons not aut									nust not be							
			o persons not aut			U		-,		c . a catcill of th									

# **Product-Plan Data Collection**

Company Legal Name: HIOS Issuer ID:

Effective Date of Rate Change(s):

## Kentucky Health Cooperative, Inc. 77894

1/1/2016

## **Product/Plan Level Calculations**

#### Section I: General Product and Plan Information

Product		KY Health Cooperative Small Group PPO			KYHC MSP Sm	all Group PPO		
Product ID:			77894KY009			77894KY021		
Metal:		Gold	Silver	Bronze	Gold	Silver		
AV Metal Value		0.793	0.689	0.620	0.815	0.719		
AV Pricing Value		0.969	0.782	0.632	1.044	0.837		
Plan Type:		PPO	PPO	PPO	PPO	PPO		
		KY Health	KY Health	KY Health				
Plan Name		Cooperative Gold	Cooperative Silver	Cooperative	KYHCMultistatePla	KYHCMultistatePla		
		SG	SG	Bronze SG	nSG Gold	nSG Silver		
Plan ID (Standard Component ID):		77894KY0090001	77894KY0090002	77894KY0090003	77894KY0210001	77894KY0210002		
Exchange Plan?		Yes	Yes	Yes	Yes	Yes		
Historical Rate Increase - Calendar Year - 2			0.00%	0.00%				
Historical Rate Increase - Calendar Year - 1		0.00%			0.00%			
Historical Rate Increase - Calendar Year 0		6.50%			0.00%			
Effective Date of Proposed Rates		1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016		
Rate Change % (over prior filing)		4.26%	3.11%	5.07%	1.28%	0.34%		
Cum'tive Rate Change % (over 12 mos prior)		4.26%	3.11%	5.07%	1.28%	0.34%		
Proj'd Per Rate Change % (over Exper. Period)		20.23%	14.51%	5.90%	0.00%	0.00%		
Product Threshold Rate Increase %		4.09%			0.8	0.85%		

#### Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	77894KY0090001	77894KY0090002	77894KY0090003	77894KY0210001	77894KY0210002
Inpatient	\$5.17	\$5.58	\$4.31	\$4.67	\$3.20	\$2.45
Outpatient	\$10.04	\$10.84	\$8.38	\$9.08	\$6.22	\$4.76
Professional	\$5.39	\$5.82	\$4.50	\$4.87	\$3.34	\$2.55
Prescription Drug	\$5.18	\$5.59	\$4.32	\$4.68	\$3.21	\$2.46
Other	\$0.38	\$0.41	\$0.31	\$0.34	\$0.23	\$0.18
Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	-\$6.33	-\$3.93	-\$11.27	-\$10.94	-\$3.69	-\$11.71
Taxes & Fees	-\$0.65	-\$0.66	-\$0.64	-\$0.45	-\$0.95	-\$0.87
Risk & Profit Charge	-\$2.43	-\$4.38	\$1.56	\$2.56	-\$5.15	\$1.56
Total Rate Increase	\$16.74	\$19.27	\$11.47	\$14.81	\$6.41	\$1.38
Member Cost Share Increase	-\$7.78	-\$7.34	-\$8.79	-\$2.50	-\$20.73	-\$19.07

Average Current Rate PMPM	\$371.17	\$452.26	\$368.79	\$292.36	\$501.41	\$405.66
Projected Member Months	2,818	938	939	939	1	1

### ction III: Experience Period Information

Plan ID (Standard Component ID):	Total	77894KY0090001	77894KY0090002	77894KY0090003	77894KY0210001	77894KY0210002
Plan Adjusted Index Rate	\$371.60	\$391.46	\$331.44	\$289.52	\$0.00	\$0.00

Member Months	1,945	1,309	625	11	0	0
Total Premium (TP)	\$722,753	\$512,418	\$207,150	\$3,185	\$0	\$0
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other						
than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$536,414	\$479,188	\$57,226	\$0	\$0	\$0
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are						
other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	6475.053	\$420.202	\$45.574	¢0	ģ0	¢0
Allowed Claims which are not the issuer's obligation:  Portion of above payable by HHS's funds on	\$175,053	\$128,382	\$46,671	\$0	\$0	\$0
behalf of insured person, in dollars	ćo	ćo	ćo	ćo	ćo	ćo
Portion of above payable by HHS on behalf of	\$0	\$0	\$0	\$0	\$0	\$0
insured person, as %	0.00%	0.00%	0.00%			
Total Incurred claims, payable with issuer funds	\$361,361	\$350.806	\$10,555	\$0	\$0	\$0
Total incurred claims, payable with issuer runus	\$301,301	\$330,800	ŷ10,555	Şū	Şū	<del>,</del> 50
Net Amt of Rein	-\$10,211.25	-\$6,870.21	-\$3,282.65	-\$58.39	\$0.00	\$0.00
Net Amt of Risk Adj	-\$162.09	-\$109.05	-\$52.11	-\$0.93	\$0.00	\$0.00
Incurred Claims PMPM	\$185.79	\$268.00	\$16.89	\$0.00	\$0.00	\$0.00
Allowed Claims PMPM	\$275.79	\$366.07	\$91.56	\$0.00	\$0.00	\$0.00
EHB portion of Allowed Claims, PMPM	\$275.79	\$366.07	\$91.56	\$0.00	\$0.00	\$0.00

### ction IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	77894KY0090001	77894KY0090002	77894KY0090003	77894KY0210001	77894KY0210002
Plan Adjusted Index Rate	\$385.61	\$470.63	\$379.54	\$306.60	\$506.86	\$406.27
Member Months	2,818	938	939	939	1	1
Total Premium (TP)	\$1,086,650	\$441,451	\$356,388	\$287,897	\$507	\$406
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other						
than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$1,321,527	\$469,222	\$446,231	\$405,067	\$526	\$480
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$398,264	\$94,622	\$143,394	\$160,017	\$96	\$134
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$923,262	\$374,600	\$302,837	\$245,051	\$430	\$345
Net Amt of Rein	-\$6,341	-\$2,111	-\$2,113			-\$2
Net Amt of Risk Adj	-\$411	-\$137	-\$137	-\$137	\$0	\$0

State: KY

Market: Small Group